

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 368

Registered No. 1493

1. PLACE OF BIRTH

County Maricopa

State Arizona

District or Township

or Village

City Phoenix

No. Arizona Neonatal Hospital

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lloyd L. Clevenger, Jr.

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date

of birth. 9-21-26
Month Day Year

Male

5. No., in order of birth

Yes

8. FATHER

Full name Lloyd L. Clevenger

14. MOTHER

Full maiden name Margaret Witzke

9. Residence

(Usual place of abode)

If non-resident, give place and state. R.A.D.#6 Box 3819 Mile Tract.

15. Residence

(Usual place of abode)

If non-resident, give place and state. R.D.#6 Box 3819 Mile Tract.

10. Color or race

white

11. Age at last birthday 27 (Years)

16. Color or race

white

17. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Attuson

Nebraska

18. Birthplace (city or place)

(State or country)

Bennington

Nebr.

13. Occupation

Nature of Industry

Electrician
Rudolph Garage.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and, including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes Silver nitrate Shapoval

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive
(Born alive or stillborn)

on the date above stated

Signature [Signature]

(Physician or Midwife)

Given name added from
a supplemental report

Month, day, year

Address

Filed Oct 7, 19 26

Registrar

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

339-921-465